



2017

**Behavioral Risk Factor Surveillance
System Questionnaire**

Texas

January 18, 2017

Texas Behavioral Risk Factor Surveillance System 2017 Questionnaire

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HELLO, I am calling for the Texas Department of State Health Services. My name is _____. We are gathering information about the health of Texas residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call 512-776-6579.

Section 1: Health Status

C01Q01 Would you say that in general your health is—

(90)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

C02Q01 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91-92)

- __ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

C02Q02 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93-94)

- __ Number of days
- 88 None [CATI NOTE: IF C02Q01 AND C02Q02 = 88 (NONE), GO TO NEXT SECTION]
- 77 Don't know / Not sure
- 99 Refused

C02Q03 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (95-96)

- __ Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 3: Health Care Access

C03Q01 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (97)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C03Q02 Do you have one person you think of as your personal doctor or health care provider?

If "No" ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?" (98)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

C03Q03 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (99)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C03Q04 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup? (100)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Hypertension Awareness

C04Q01 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]
- 3 No [GO TO NEXT SECTION]
- 4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
- 7 Don’t know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

C04Q02 Are you currently taking medicine for your high blood pressure? (102)

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 9 Refused

Section 5: Cholesterol Awareness

C05Q01 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? (103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused [GO TO NEXT SECTION]

C05Q02 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? (104)

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

C05Q03 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol? (105)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”

- C06Q01** (Ever told) you that you had a heart attack also called a myocardial infarction? (106)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- C06Q02** (Ever told) you had angina or coronary heart disease? (107)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- C06Q03** (Ever told) you had a stroke? (108)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- C06Q04** (Ever told) you had asthma? (109)
- 1 Yes
 - 2 No [GO TO C06Q06]
 - 7 Don't know / Not sure [GO TO C06Q06]
 - 9 Refused [GO TO C06Q06]

- C06Q05** Do you still have asthma? (110)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- C06Q06** (Ever told) you had skin cancer? (111)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- C06Q07** (Ever told) you had any other types of cancer? (112)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- C06Q08** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

C06Q09 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- RHEUMATISM, POLYMYALGIA RHEUMATICA
- OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- JOINT INFECTION, REITER'S SYNDROME
- ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- ROTATOR CUFF SYNDROME
- CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- VASCULITIS (GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

C06Q010 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia), or minor depression? (115)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

C06Q11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (116)

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

C06Q12 (Ever told) you have diabetes? (117)

[INTERVIEWER NOTE: If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”]

[INTERVIEWER NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4.]

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF C06Q12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO C06Q12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

C06Q13 How old were you when you were told you have diabetes? (118-119)

- __ Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

Module 1: Pre-Diabetes

[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING “YES” (CODE = 1) TO C06Q12 (DIABETES AWARENESS QUESTION).]

M01Q01 Have you had a test for high blood sugar or diabetes within the past three years? (290)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF C06Q12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 “YES” (CODE = 1).]

M01Q02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

INTERVIEWER INSTRUCTIONS: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?” (291)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 2: Diabetes

[CATI NOTE: TO BE ASKED FOLLOWING C06Q13; IF RESPONSE TO C06Q12 IS "YES" (CODE = 1).]

M02Q01 Are you now taking insulin? (292)

1	Yes
2	No
9	Refused

M02Q02 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (293-295)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

1 __	Times per day
2 __	Times per week
3 __	Times per month
4 __	Times per year
888	Never
777	Don't know / Not sure
999	Refused

INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSOR INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'

M02Q03 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. (296-298)

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

1 __	Times per day
2 __	Times per week
3 __	Times per month
4 __	Times per year
555	No feet
888	Never

777 Don't know / Not sure
999 Refused

M02Q04 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (299-300)

__ _ Number of times [76 = 76 or more]
88 None
77 Don't know / Not sure
99 Refused

M02Q05 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? (301-302)

__ _ Number of times [76 = 76 or more]
88 None
98 Never heard of "A one C" test
77 Don't know / Not sure
99 Refused

[CATI NOTE: IF Q3 = 555 (NO FEET), GO TO Q7.]

M02Q06 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(303-304)

__ _ Number of times [76 = 76 or more]
88 None
77 Don't know / Not sure
99 Refused

M02Q07 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (305)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

M02Q08 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (306)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

M02Q09 Have you ever taken a course or class in how to manage your diabetes yourself? (307)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Arthritis Burden

[CATI NOTE: IF C06Q09 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.]

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

C07Q01 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

INTERVIEWER NOTE: C07Q02 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT STATUS.

C07Q02 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (121)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

C07Q03 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

(122)

Please read:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

C07Q04 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

- _ _ Enter number [00-10]
- 77 Don't know / Not sure
- 99 Refused

(123-124)

Section 8: Demographics

C08Q01 Are you ... (125)

- 1 Male
- 2 Female
- 9 Refused

INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS. IT WILL NOT BE ASKED OF PERSONS WHO HAVE SELF-IDENTIFIED SEX IN LL HOUSEHOLD ENUMERATION.

[CATI NOTE: THIS QUESTION MAY BE POPULATED BY LANDLINE HOUSEHOLD ENUMERATION ONLY. IT MAY NOT BE POPULATED BY INTERVIEWER ASSIGNMENT OF SEX DURING THE SCREENING FOR CELL PHONE OR PERSONS LIVING IN COLLEGE HOUSING]

C08Q02 What is your age? (126-127)

- __ Code age in years
- 07 Don't know / Not sure
- 09 Refused

C08Q03 Are you Hispanic, Latino/a, or Spanish origin? (128-131)

If yes, ask: Are you...

INTERVIEWER NOTE: *One Or More Categories May Be Selected.*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

C08Q04 Which one or more of the following would you say is your race?
(132-159)

INTERVIEWER NOTE: SELECT ALL THAT APPLY.
INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED
READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF MORE THAN ONE RESPONSE TO C08Q04; CONTINUE.
OTHERWISE, GO TO C08Q06.]

C08Q05 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

(160-161)

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

C08Q06 Are you...?

(162)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple

Do not read:

- 9 Refused

C08Q07 What is the highest grade or year of school you completed? (163)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

- 9 Refused

C08Q08 Do you own or rent your home? (164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

C08Q09 In what county do you currently live? (165-167)

- — — ANSI County Code (formerly FIPS county code)
- 777 Don't know / Not sure
- 999 Refused

C08Q10 What is the ZIP Code where you currently live? (168-172)

____ ZIP Code
77777 Don't know / Not sure
99999 Refused

[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO C08Q14 (QSTVER GE 20)]

C08Q11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (173)

1 Yes
2 No [GO TO C08Q13]
7 Don't know / Not sure [GO TO C08Q13]
9 Refused [GO TO C08Q13]

C08Q12 How many of these telephone numbers are residential numbers? (174)

____ Residential telephone numbers [6 = 6 or more]
7 Don't know / Not sure
9 Refused

C08Q13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

C08Q14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(176)

- 1 Yes
- 2 No

Do not read:

- 7 Don't know / Not sure
- 9 Refused

C08Q15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE: SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read:

(177)

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired, or
- 8 Unable to work

Do not read:

- 9 Refused

C08Q16 How many children less than 18 years of age live in your household?

(178-179)

- __ Number of children
- 88 None
- 99 Refused

INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.

C08Q17 Is your annual household income from all sources—

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE
'99' (REFUSED) (180-181)

Read only if necessary:

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

C08Q18 Have you used the internet in the past 30 days?

(182)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C08Q19 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN
COLUMN 183. ROUND FRACTIONS UP

(183-186)

- __ __ __ __ Weight
(pounds/kilograms)
- 7777 Don't know / Not sure
- 9999 Refused

C08Q20 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187. ROUND FRACTIONS DOWN (187-190)

__ / __ Height
(f t / inches/meters/centimeters)
77/ 77 Don't know / Not sure
99/ 99 Refused

[CATI NOTE: IF MALE, GO TO C08Q22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO C08Q22]

C08Q21 To your knowledge, are you now pregnant?
(191)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

TX01Q01 Are you limited in any way in any activities because of physical, mental, or emotional problems?

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

TX01Q02 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(xxx)

NOTE: Include occasional use or use in certain circumstances.

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

C08Q22 Are you deaf or do you have serious difficulty hearing? (192)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

C08Q23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

C08Q24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

- 1 Yes
- 2 No
- 7 Don't know / Not sure`
- 9 Refused

C08Q25 Do you have serious difficulty walking or climbing stairs? (195)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C08Q26 Do you have difficulty dressing or bathing? (196)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

C08Q27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

C09Q01 Have you smoked at least 100 cigarettes in your entire life? (198)

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [GO TO C09Q05] |
| 7 | Don't know / Not sure | [GO TO C09Q05] |
| 9 | Refused | [GO TO C09Q05] |

INTERVIEWER NOTE: "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."

C09Q02 Do you now smoke cigarettes every day, some days, or not at all? (199)

Do not read:

- | | | |
|---|-----------------------|----------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [GO TO C09Q04] |
| 7 | Don't know / Not sure | [GO TO C09Q05] |
| 9 | Refused | [GO TO C09Q05] |

C09Q03 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (200)

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | [GO TO C09Q05] |
| 2 | No | [GO TO C09Q05] |
| 7 | Don't know / Not sure | [GO TO C09Q05] |
| 9 | Refused | [GO TO C09Q05] |

C09Q04 How long has it been since you last smoked a cigarette, even one or two puffs? (201-202)

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

- 77 Don't know / Not sure
- 99 Refused

C09Q05 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

(203)

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping” products containing nicotine. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

C10Q01 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life? (204)

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

TX02Q01 Which one of the products have you used or tried?

- 1 E-cigarettes
- 2 Vape pen
- 3 E-hookah
- 4 Other (specify)
- 7 Don't know / Not sure
- 9 Refused

C10Q02 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all? (205)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

TX02Q02 What best describes your reason for using or trying these products?

- 1 To cut down or quit smoking
- 2 I visit places where smoking is not allowed
- 3 For enjoyment or pleasure
- 4 Just tried it a few times
- 5 Other (specify)
- 7 Don't know / Not sure
- 9 Refused

Section 11: Alcohol Consumption

C11Q01 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (206-208)

- 1 __ Days per week
- 2 __ Days in past 30 days
- 888 No drinks in past 30 days [GO TO NEXT SECTION]
- 777 Don't know / Not sure [GO TO NEXT SECTION]
- 999 Refused [GO TO NEXT SECTION]

C11Q02 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. (209-210)

- __ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

C11Q03 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion? (211-212)

- __ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

C11Q04 During the past 30 days, what is the largest number of drinks you had on any occasion? (213-214)

- __ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

C12Q01 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.
(215-217)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW'; INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1__	Days
2__	Weeks
3__	Months
300	Less than once a month
888	Never
777	Don't Know
999	Refused

C12Q02 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?
(218-220)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."

- 1__ Days
- 2__ Weeks
- 3__ Months
- 300 Less than once a month
- 888 Never
- 777 Don't Know
- 999 Refused

C12Q03 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

(221-223)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

- 1__ Days
- 2__ Weeks
- 3__ Months
- 300 Less than once a month
- 888 Never
- 777 Don't Know
- 999 Refused

C12Q04 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

(224-226)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIE A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INLCUDE POTOTO CHIPS."

1__ Days
2__ Weeks
3__ Months
300 Less than one a month
888 Never
777 Don't Know
999 Refused

C12Q05 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

(227-229)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEKS, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVE A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATIES EXCEPT FRIED, INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."

1__ Days
2__ Weeks
3__ Months
300 Less than once a month
888 Never
777 Don't Know
999 Refused

C12Q06 Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEKS, OR MONTH.

(230-232)

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

- 1__ Days
- 2__ Weeks
- 3__ Months
- 300 Less than once a month
- 888 Never
- 777 Don't Know
- 999 Refused

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

C13Q01 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (233)

- | | | |
|---|-----------------------|----------------|
| 1 | Yes | |
| 2 | No | [GO TO C13Q08] |
| 7 | Don't know / Not sure | [GO TO C13Q08] |
| 9 | Refused | [GO TO C13Q08] |

C13Q02 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

- | | | |
|----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 77 | Don't know / Not Sure | [GO TO C13Q08] |
| 99 | Refused | [GO TO C13Q08] |

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS “OTHER”.

C13Q03 How many times per week or per month did you take part in this activity during the past month? (236-238)

- | | |
|-----|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 777 | Don't know / Not sure |
| 999 | Refused |

C13Q04 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

__:__ Hours and minutes
777 Don't know / Not sure
999 Refused

C13Q05 What other type of physical activity gave you the next most exercise during the past month? (242-243)

__ (Specify) [See Physical Activity Coding List]
88 No other activity [GO TO C13Q08]
77 Don't know / Not Sure [GO TO C13Q08]
99 Refused [GO TO C13Q08]

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

C13Q06 How many times per week or per month did you take part in this activity during the past month? (244-246)

1__ Times per week
2__ Times per month
777 Don't know / Not sure
999 Refused

C13Q07 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

__:__ Hours and minutes
777 Don't know / Not sure
999 Refused

C13Q08

During the past month, how many times per week or per month did you do physical activities or exercises to **STRENGTHEN** your muscles? Do **NOT** count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

(250-252)

- 1__ Times per week
- 2__ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

Section 14: Seatbelt Use

C14Q01 How often do you use seat belts when you drive or ride in a car?
Would you say —

(253)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

C15Q01 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

Read only if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No [GO TO C15Q03]
- 7 Don't know / Not sure [GO TO C15Q03]
- 9 Refused [GO TO C15Q03]

C15Q02 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (255-260)

- __ / ____ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

C15Q03 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? (261)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF RESPONDENT IS < 49 YEARS OF AGE, GO TO NEXT SECTION.]

C15Q04 Have you ever had the shingles or zoster vaccine? (262)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

C16Q01 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (263)

- 1 Yes
- 2 No [GO TO C16Q03]
- 7 Don't know /Not sure [GO TO C16Q03]
- 9 Refused [GO TO C16Q03]

C16Q02 Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

(264-269)

- __ / __ __ __ Code month and year
- 77/7777 Don't know / Not sure
- 9/9999 Refused / Not sure

C16Q03 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

(270)

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

Continue to module(s) and/or state-added questions

Optional Modules

Module 16: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

M16Q01 Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

(436)

- | | | |
|---|--------------------------------|---------------------|
| 1 | Yes | |
| 2 | No | [GO TO M16Q03] |
| 3 | No partner/not sexually active | [GO TO NEXT MODULE] |
| 4 | Same sex partner | [GO TO NEXT MODULE] |
| 5 | Has had a Hysterectomy | [GO TO NEXT MODULE] |
| 7 | Don't know/Not sure | [GO TO M16Q03] |
| 9 | Refused | [GO TO M16Q03]. |

M16Q02 What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

(437-438)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel)(LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

M16Q03 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

(439-440)

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

- 77 Don't know/Not sure
- 99 Refused

Module 17: Influenza

[CATI NOTE: IF C15Q01 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT MODULE.]

M17Q01 Earlier, you told me you had received an influenza vaccination in the past 12 months. At what kind of place did you get your last flu shot/vaccine?
(441-442)

Read only if necessary:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 11 A school
- 77 Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?")

Do not read:

- 99 Refused

Module 18: Adult Human Papillomavirus (HPV)

[CATI NOTE: TO BE ASKED OF RESPONDENTS BETWEEN THE AGES OF 18 AND 49 YEARS; OTHERWISE, GO TO NEXT MODULE.]

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH· SEEL); CERVARIX (SIR·VAR· ICKS)

M18Q01 A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female “GARDASIL or CERVARIX”; if male “ or GARDASIL”]. Have you EVER had an HPV vaccination? (443)

1	Yes	
2	No	[GO TO NEXT MODULE]
3	Doctor refused when asked	[GO TO NEXT MODULE]
7	Don't know / Not sure	[GO TO NEXT MODULE]
9	Refused	[GO TO NEXT MODULE]

M18Q02 How many HPV shots did you receive? (444-445)

--	Number of shots	
03	All shots	
77	Don't know / Not sure	
99	Refused	

Module 19: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults)

M19Q01 Since 2005, have you had a tetanus shot? (446)

INTERVIEWER NOTE: IF YES, ASK: WAS THIS TDAP, THE TETANUS SHOT THAT ALSO HAS PERTUSSIS OR WHOOPING COUGH VACCINE?

- 1 Yes, received TDAP
- 2 Yes, received tetanus shot, but not TDAP
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

Module 26: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

M26Q01 Do you consider yourself to be: (684)

Please read:

- 1 1 – Straight
- 2 2 – Lesbian or gay
- 3 3 – Bisexual

Do not read:

- 4 Other
- 7 Don't know/Not sure
- 9 Refused

M26Q02 Do you consider yourself to be transgender? (685)

IF YES, ASK “DO YOU CONSIDER YOURSELF TO BE 1. MALE-TO-FEMALE, 2. FEMALE-TO-MALE, OR 3. GENDER NON-CONFORMING?”

INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.

Please read:

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

Do not read:

- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER: SOME PEOPLE DESCRIBE THEMSELVES AS TRANSGENDER WHEN THEY EXPERIENCE A DIFFERENT GENDER IDENTITY FROM THEIR SEX AT BIRTH. FOR EXAMPLE, A PERSON BORN INTO A MALE BODY, BUT WHO FEELS FEMALE OR LIVES AS A WOMAN WOULD BE TRANSGENDER. SOME TRANSGENDER PEOPLE CHANGE THEIR PHYSICAL APPEARANCE SO THAT IT MATCHES THEIR INTERNAL GENDER IDENTITY. SOME TRANSGENDER PEOPLE TAKE HORMONES AND SOME HAVE SURGERY. A TRANSGENDER PERSON MAY BE OF ANY SEXUAL ORIENTATION – STRAIGHT, GAY, LESBIAN, OR BISEXUAL.

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING: SOME PEOPLE THINK OF THEMSELVES AS GENDER NON-CONFORMING WHEN THEY DO NOT IDENTIFY ONLY AS A MAN OR ONLY AS A WOMAN.

State Added

State Added 3: Hepatitis B Vaccination

TX03Q01 Have you ever received the hepatitis B vaccination?

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know/not sure
- 9 Refused

TX03Q02 How many hepatitis B shots did you receive?

- Number of shots
- 0 3 All shots
- 7 7 Don't know/not sure
- 9 9 Refused

State Added 4: Meningococcal Vaccination

TX04Q01 Three different types of vaccines to prevent meningitis are available and are called meningococcal polysaccharide vaccine – also known as Menomune®, meningococcal conjugate vaccine – also known as Menactra® or Menveo®, and meningococcal group B vaccine – also known as Trumenba® or Bexsero®. Have you EVER had any of the meningococcal vaccines?

- 1 Yes
- 2 No
- 3 Doctor refused when asked
- 7 Don't know/not sure
- 9 Refused

State Added 5: Dental Emergency Room Visits

TX05Q01 During the past 12 months, how many times have you gone to a hospital emergency room for a dental problem? Do not count visits for injury or trauma.

INTERVIEWER NOTE: If necessary let respondent know looking for a number of times or number of visits.

Do not read:

- | | |
|----|---------------------|
| 1 | 1 |
| 2 | 2-3 |
| 3 | 4-5 |
| 4 | 6-7 |
| 5 | 8-9 |
| 6 | 10-12 |
| 7 | 13-15 |
| 8 | 16+ |
| 55 | No teeth |
| 77 | Don't know/not sure |
| 88 | None/0 |
| 99 | Refused |

State Added 6: Cancer Survivorship

CATI note: If C06Q06 or C06C07 = 1 (Yes) continue, else go to next module.

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

TX06Q01 What type of cancer was it?

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx

Gastrointestinal

1 0 Colon (intestine) cancer

1 1 Esophageal (esophagus)

1 2 Liver cancer

1 3 Pancreatic (pancreas) cancer

1 4 Rectal (rectum) cancer

1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease)

1 7 Leukemia (blood) cancer

1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

TX06Q02 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. Do not include hormone therapy.

- 1 Yes [Go to next module]
- 2 No, I've completed treatment
- 3 No, I've refused treatment [Go to next module]
- 4 No, I haven't started treatment [Go to next module]
- 5 Treatment was not needed [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

TX06Q03 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

Read only if necessary: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

TX06Q04 Have you EVER received instructions from a doctor, nurse, or other health professional about *where* you should return or *who* you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

TX06Q05 Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

TX06Q06 Is your pain currently under control?

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

- 7 Don't know / Not sure
- 9 Refused

State Added 7: Diabetes Family History

TX07Q01 Including living and deceased, which of your biological or blood relatives including grandparents, parents, brothers, or sisters were ever told by a health professional that they had diabetes? Do not include adopted relatives or those related only by marriage.

INTERVIEWER NOTE: If respondent reports “grandparent”, “grandmother”, or “grandfather” please probe to determine is it’s “mother’s mother”, “mother’s father”, “father’s mother”, or “father’s father”.

Mark all that apply

Read only if necessary:

- 01 Mother
- 02 Father
- 03 Maternal grandmother (mother’s mother)
- 04 Maternal grandfather (mother’s father)
- 05 Paternal grandmother (father’s mother)
- 06 Paternal grandfather (father’s father)
- 07 Sister (INTERVIEWER NOTE: include half-sister)
- 08 Brother (INTERVIEWER NOTE: include half-brother)
- 09 None
- 66 Other (specify)

Do not read:

- 77 Don’t know/Not sure
- 99 Refused

State Added 8: Cardiovascular Health/Aspirin Therapy

I would like to ask you more questions about your cardiovascular or heart health.

TX08Q01 Do you take aspirin daily or every other day?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know/not sure [Go to next module]
- 9 Refused [Go to next module]

TX08Q02 Do you take aspirin to reduce the chance of a heart attack?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

TX08Q03 Do you take aspirin to reduce the chance of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

State Added 9: Zika

The following questions are about your knowledge and experiences with Zika virus.

TX09Q01 What would you say is your main source of information about Zika virus?

- 01 Television/TV
- 02 Radio
- 03 Newspaper, Magazines, Posters
- 04 Internet (Websites, Google, Wikipedia, WebMD, CDC)
- 05 Social Media (Facebook, Twitter, Instagram, Snapchat)
- 06 Healthcare Facility, such as a doctor's office, clinic, hospital
- 07 Family, Friends, Coworkers, neighbors, or Others
- 08 Other (specify)
- 09 I have never heard of Zika virus
- 77 Don't Know / Not sure
- 99 Refused

TX09Q02 What activities have you taken to prevent yourself from getting Zika virus from mosquito bites?

- 01 Used mosquito or insect repellent on skin and clothing
- 02 Wore protective clothing that cover arms and legs
- 03 Used screens on windows and doors
- 04 Avoided going outside during peak mosquito hours
- 05 Removed or emptied standing water from around home or yard
- 06 Avoided areas that may have mosquitos which carry Zika
- 07 Used insecticide spray outside or inside your home
- 08 Avoided travel to countries with active Zika virus
- 09 Other (specify)
- 77 Don't know / Not sure
- 99 Refused

TX09Q03 Did you or your partner change your sex behavior due to Zika virus?

ASK if age < 50 and TX09Q01 <> 09 and M19Q01 <> 3.

- 1 Yes
- 2 No, or Zika does not apply to their sex h=behavior
- 8 Not sexually active
- 7 Don't know / Not sure
- 9 Refused

TX09Q04 Which sex behaviors have you or your partner changed due to Zika virus?

Please read

- 1 1 – Using condoms
- 2 2 – Abstaining from sex
- 3 3 – Delaying pregnancy
- 4 4 – Other (specify)
- 7 Don't know / Not sure
- 9 Refused

State Added 10: Tobacco Bans

TX10Q01 Are you bothered by smoking on outdoor restaurant patios all of the time, some of the time or not at all?

- 1 All of the time
- 2 Some of the time
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

TX10Q02 Are you bothered by smoking on outdoor bar and music club patios all of the time, some of the time, or not at all?

- 1 All of the time
- 2 Some of the time
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

TX10Q03 If there were a total ban of smoking on outdoor restaurant patios, would you eat out more often, less often, or would it make no difference?

- 1 More often
- 2 Less often
- 3 No difference
- 7 Don't know / Not sure
- 9 Refused

TX10Q04 If there were a total ban of smoking on outdoor bar and music club patios, would you go to bars and music clubs more, less or would it make no difference?

- 1 More often
- 2 Less often
- 3 No difference
- 7 Don't know / Not sure
- 9 Refused

State Added 11: Drug Use

TX11Q01 During the past 12 months, have you shot up or injected any drugs that weren't used for medical purposes? By shooting up, we mean anytime a needle was used to inject drugs in your veins, under the skin, or in the muscle?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

TX11Q02 Which of the following best describes your sexual partners in the past year

Please read:

- 1 Men only
- 2 Women only
- 3 Both Men and Women
- 4 No sexual partners
- 7 Don't know / Not sure
- 9 Refused

State Added 12: Suicide Attempts

The next few questions relate to suicide. If these questions create a need for additional information please call the National Suicide Prevention Lifeline at 1-800-273-8255.

TX12Q01 During the past 12 months, have you ever seriously considered attempting suicide?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

TX12Q02 During the past 12 months, did you actually attempt suicide?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

TX12Q03 How many times during the past 12 months did you attempt suicide?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 8 None
- 7 Don't know/not sure
- 9 Refused

TX12Q04 Did any suicide attempt in the past 12 months result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

State Added 13: Wearable Devices

Wearable devices include wrist bands, biometric clothing, apps, or other devices used to monitor your general health, nutrition, sleep, or physical activity. Online apps may include sites that allow you to store and track daily activity levels or nutrition. Do not include devices prescribed by your healthcare provider, or devices that monitor specific health conditions (such as pacemakers, rehabilitation devices or implanted devices)

TX13Q01 Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application)?

- 1 Yes
- 2 No (end of module)
- 7 DON'T KNOW (end of module)
- 9 REFUSED (end of module)

TX13Q02 What types of health information do you track using your mobile app or wearable device? (select all that apply)

- 1 Physical activity
- 2 Nutrition/ calories
- 3 Sleep
- 4 Chronic indicator (blood sugar, blood pressure)
- 5 Other
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX13Q03 How often do you enter information on your mobile app or wearable device?

[READ IF NECESSARY:]

- 1 It is automatically entered by the app
- 2 Multiple times per day
- 3 Daily
- 4 At least once per week
- 5 At least once per month
- 6 Less frequently than once per month
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TX13Q04 Would you be willing to share information stored on your mobile device or app for use for public health research?

- 1 Yes
- 2 No (end of module)
- 7 DON'T KNOW/ NOT SURE (end of module)
- 9 REFUSED (end of module)

Module 27: Firearm Safety

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

M27Q01 Are any firearms now kept in or around your home? (686)

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

M27Q02 Are any of these firearms now loaded? (687)

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know/not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

M27Q03 Are any of these loaded firearms also unlocked? (688)

Read if necessary: "By 'unlocked', we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

CLOSING STATEMENT

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities

(To be used for Section 13: Physical Activity)

Code Description (Physical Activity, C13Q02 and C13Q05 above)

- | | |
|--|---|
| 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution) | 39 Rope skipping |
| 02 Aerobic video or class | 40 Rowing machine exercises |
| 03 Backpacking | |
| 04 Badminton | 43 Skateboarding |
| 05 Basketball | 44 Skating – ice or roller |
| 06 Bicycling machine exercise | 45 Sledding, tobogganing |
| 07 Bicycling | 46 Snorkeling |
| 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 47 Snow blowing |
| 09 Bowling | 48 Snow shoveling by hand |
| 10 Boxing | 49 Snow skiing |
| 11 Calisthenics | 50 Snowshoeing |
| 12 Canoeing/rowing in competition | 51 Soccer |
| 13 Carpentry | 52 Softball/Baseball |
| 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc. | 53 Squash |
| 15 Elliptical/EFX machine exercise | 54 Stair climbing/Stair master |
| 16 Fishing from river bank or boat | 55 Stream fishing in waders |
| 17 Frisbee | 56 Surfing |
| 18 Gardening (spading, weeding, digging, filling) | 57 Swimming |
| 19 Golf (with motorized cart) | 58 Swimming in laps |
| 20 Golf (without motorized cart) | 59 Table tennis |
| 21 Handball | 60 Tai Chi |
| 22 Hiking – cross-country | 61 Tennis |
| 23 Hockey | 62 Touch football |
| 24 Horseback riding | 63 Volleyball |
| 25 Hunting large game – deer, elk | 64 Walking |
| 26 Hunting small game – quail | 66 Waterskiing |
| 27 Inline Skating | 67 Weight lifting |
| 28 Jogging | 68 Wrestling |
| 29 Lacrosse | 69 Yoga |
| 30 Mountain climbing | 71 Childcare |
| 31 Mowing lawn | 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.) |
| 32 Paddleball | 73 Household Activities (vacuuming, dusting, home repair, etc.) |
| 33 Painting/papering house | 74 Karate/Martial Arts |
| 34 Pilates | 75 Upper Body Cycle (wheelchair sports, ergometer) |
| 35 Racquetball | 76 Yard work (cutting/gathering wood, trimming, etc.) |
| 36 Raking lawn/trimming hedges | 98 Other_____ |
| 37 Running | 99 Refused |
| 38 Rock climbing | |